



The Importance of Diversity and Inclusion in Healthcare Settings: Benefits for Healthcare Workers and Patients

Nayif Hussin Modahi¹, Khalifa Sayer Awdah Alshammary², Yahya Saleh Alsarhani³, Saleh Mohammed Alghannam⁴, Abdulmohsen Saleh Alosaimi⁵, Abdulaziz Khadhran Alazmi⁶, Fahad Abdulrahman Almutairi⁷, Waheed Mansour Albarghash⁸ and Saad Khalaf alshammari⁹

1 Corresponding Author, Dentist, modahina@MNGHA.MED.SA, King Abdulaziz Medical City, National Guard

2 Nursing technician, al-shammarykh@mngha.med.sa, King Abdulaziz Medical City, National Guard

3 EMERGENCY MEDICAL technician, Y7y71990@gmail.com, King Abdulaziz Medical City, National Guard

4 Staff nurse, Alghannamsa@mngha.med.sa, King Abdulaziz Medical City, National Guard

5 Medical technologist, aso369@hotmail.com, King Abdulaziz Medical City, National Guard

6 Pharmacy tech, Alazmiab@mngha.med.sa, King Abdulaziz Medical City, National Guard

7 Health information technician, ALMUTAIRIFA11@mngha.med.sa, King Abdulaziz Medical City, National Guard

8 STAFF NURSE II, Sunstorm44@gmail.com King Abdulaziz Medical City, National Guard

9 Pharmacist, alshammari1@mngha.med.sa, King Abdulaziz Medical City, National Guard

Abstract

The increasing cultural diversity in the world has led to concerns among many people, including those in healthcare settings. The discussion around diversity and inclusion is just starting to emerge in the health workforce research area. Benefits of diversity and inclusion in the business sector are well documented and include increased financial performance as well as improved problem solving, creativity, and innovation. Improved access to care and reduced health disparities are also benefits of diversity and inclusion in healthcare settings. A more diverse health workforce shows an increased ability of healthcare workers to offer culturally competent care, which is necessary for working in a multicultural society. This paper attempts to summarize information on the importance of diversity and inclusion in healthcare settings, benefits for healthcare workers and patients, and actions healthcare organizations can take to address diversity and inclusion. (Patel et al.2020)

Keywords: Diversity and inclusion, healthcare worker, patient, healthcare settings, cultural competence



Keywords-Diversity in healthcare, inclusion in healthcare, culturally sensitive care, patient outcomes, patient satisfaction, healthcare quality, healthcare disparities, workforce outcomes, staff satisfaction.

1. Introduction

Most healthcare organizations now have a framework in place for implementing diversity and inclusion sitewide. However, are they reaping the full benefits of a diverse and inclusive work environment? Are they aware that diversity and inclusion in healthcare settings are essential for cost savings, better patient outcomes, and efficiency? There are a number of reports that focus on the importance of healthcare diversity and worker benefits, but who really reads them? The answer is that many do, especially policymakers and healthcare administrators. But here are other questions that demand some thought: Are rank-and-file workers really receiving the message, and are they even interested in what they perceive as 'abstract' or 'soft' benefits? Finally, is not diversity and inclusion just common-sense principles that cannot be forced on healthcare workers? (Rosenkranz et al.2021)

Because of the nature of work in acute care settings such as hospitals and clinics, many healthcare workers feel burdened by the 'never-ending' patient requests and the sheer volume of tasks to be accomplished each day. Often, there is the thought of 'getting through the next shift' and 'surviving' in order to derive a paycheck. When looked at in this manner, the bottom line is to get paid for what is viewed as hard work. The question of what may account for an employee's satisfaction in the job that they have, whether in times of economic hardship or prosperity, is finally an important one. However, the reality is that a healthcare organization has a large number of workers with varying degrees of education. Because of this, is it a challenge to make everyone aware and appreciate that a primary goal of healthcare work is actually excellence in patient care? This can definitively be achieved through a deep understanding and promotion of diversity and inclusion. Barring any catastrophic event, it is often the patient-healthcare worker encounter that determines the overall patient experience. (Futoma et al.2020)

1.1. Definition of Diversity and Inclusion in Healthcare

Diversity and inclusion initiatives aim to create an environment in which all individuals are respected, valued, and recognized as essential members of a team. In the healthcare setting, both healthcare workers and patients are part of the team, and healthcare workers often serve different roles throughout their careers; for example, they differ in their roles as students, mentors, teachers, and collaborators. Healthcare workers are also diverse; they can vary by race, ethnicity, socioeconomic status, religion, professional discipline, gender, age, educational experiences, sexual orientation, language, physical and cognitive abilities, and training, among other factors. Patients are also diverse and can be distinguished based on similar characteristics.



professional experiences, exposure to people from diverse backgrounds in their work or education, and experiences with diverse individuals. Cultural competency training can improve communication and the provider-patient relationship. Such training can also reduce implicit bias and thus can directly impact patient management and health outcomes concurrently, making care more equitable and effective. Studies indicate that healthcare workers who feel included in their work environment report higher engagement and job satisfaction, and inclusive environments are associated with decreased attrition, absenteeism, and burnout. A healthcare workforce that represents the diversity of the American people allows healthcare providers to offer high-quality care to a patient population with diverse health needs. It is well-documented that patients evaluate their care more positively when their healthcare provider shares similar characteristics, such as race, ethnicity, or language fluency. Furthermore, an empathetic provider-patient relationship is associated with improved patient satisfaction, patient adherence, and positive health outcomes for a number of health conditions.

2. Benefits of Diversity and Inclusion in Healthcare

From a health equity perspective, debates around the benefits of diversity and inclusion in healthcare certainly do not favor exclusion. Disregarding the ethics of the matter for just one moment, from a practical perspective, exclusion is self-defeating in an increasingly diverse and globalized society, since without representation and understanding of all the different attendant challenges, potential solutions might effectively remain guesswork. Racially, ethnically, linguistically, and culturally diverse doctors and nurses in healthcare, similar to the effects of diverse members of corporate or police leadership, are associated with a host of positive healthcare-related outcomes. Arguably, in cases of life and death, emotional challenges and physical obstacles, or other trying times that affect ill or injured patients, commitment to confident, engaged, respectful, supportive, reliable, accessible, and understanding public service adds considerable real value that the presumed facelessness of more diverse teams most likely fails to perform. (Orozco-Beltrán et al.2021)

The benefits mentioned for patients especially involve effects on issues of access and preference, decision-making and care delivery, understanding and communication, trust, patient assessment, and longer-term clinical outcomes. Looking at studies of child health, psychiatry, nursing, or hospital management in general, the benefits spill over to other healthcare settings and include better health outcomes, patient and community satisfaction, and reaching the health and social needs of diverse communities. But these do not come from corporate effort, either. They are also derived from treating equity as an important goal, by maintaining a diverse student body, implementing measures to recruit, admit, and support students and virtually any other staff, particularly those in academic health centers who represent the local population, being more inclusive of underrepresented groups, or health faculty who reflect the diversity in both society and in academia. (Butzner & Cuffee, 2021)



2.1. Enhanced Patient Care

Several empirical studies have found that racial diversity among healthcare workers has positive effects on patient satisfaction, patient adherence to and uptake of medical treatment recommendations, and areas of patient concern such as culturally specific symptom expression. Caring for minority patients has been shown to increase the likelihood that providers offer translation services and avoid insensitive jokes. Interacting with Black physicians has been found to reduce Black men's perceptions of discrimination in healthcare. Gender concordance between physicians and patients has been found to be associated with reduced rates of in-hospital death for female patients and improved outcomes for mental health exams, Pap smears, and mammograms. Moreover, racial and gender diversity among providers has been found to break down biases in perceptions of the quality of healthcare treatment.

Language concordance, a specific form of diversity, is associated with improved patient knowledge and understanding of a prevention program or test instructions. Patient-centered recommendations to reduce ethnic disparities in healthcare call for the increased training and employment of Black physicians. A significant minority of African Americans endorse strong preferences for being cared for by African American physicians. Given that African American medical students are more likely than white medical students to practice in underserved areas and serve diverse patients, increasing the diversity and inclusiveness of the healthcare workforce will likely have positive spillover effects on patient care. Furthermore, diverse healthcare workers may be able to draw on their own personal experiences as patients or family members to deliver better care to patients who occupy marginalized social statuses in society.

2.2. Improved Health Outcomes

Studies have shown that an environment that celebrates diversity and inclusion, and allows for open communication, has a positive effect on the health outcomes of patient populations. One reason for this is that good communication and respectful interactions reduce the likelihood of medical errors. With the availability of multiple language services, such as interpretation and translation, diverse patient populations have a better understanding of their health conditions and can provide more comprehensive medical history information. In the healthcare setting, having the opportunity to communicate in their preferred language may provide patients with comfort. Improved communication also allows for the identification of the health beliefs, health practices, and mutual respect of diverse patient populations, which are important in the development of rapport and the negotiation of care plans. Studies have highlighted that cultural competency and language barrier responsiveness have the potential to improve patient satisfaction and patient healthcare access.

Having a diverse workforce can lead to the development of more knowledge on the cultural competence of the healthcare organization, resulting in a positive influence on health disparities



and health promotions for increasingly diverse populations. Diverse healthcare employees are more sensitive to the needs of diverse communities. Organizations that provide diversity in leadership roles can translate into policies and frameworks for practices that can aid in the reduction of access disparities. Additionally, cultivating the destination for underrepresented communities can lead to not only better health, educational continuity, and an improved ability to address healthcare disparities, but also economic benefits. With the improvement of patient health, economic growth can be forecasted for both the community and the healthcare organization.

3. Benefits for Healthcare Workers

Healthcare workers collaborate with diverse individuals and groups on a daily basis, each of whom has specific healthcare needs and often different ways of communicating health information. An inclusive work environment establishes a dynamic where healthcare workers are seen and heard, and team members work together and leverage their diverse skill sets to fulfill high performance standards. Inclusive environments see reduced staff turnover and lower employee absenteeism. Decision-making and conflict management are enhanced, and work-related stress diminishes. Gender, racial, and occupational diversity also lead to higher job satisfaction and increase the emotional well-being of healthcare providers. (Battini et al.2022)

Diversity and inclusion among healthcare workers can also help reduce health disparities between underrepresented racial and ethnic groups and mainstream groups. Research in natural groups shows that racial and ethnic diversity encourages broader information search and decision deliberation. Diversity also influences learning characteristics, such as participants' motivation to closely pursue new challenges and to engage in professional and personal growth. These beneficial general learning characteristics of diverse groups can be applied to healthcare settings. For example, a diverse research group tends to study different social issues and approaches more complex solutions compared with groups of low diversity. In the healthcare field, diverse teams generate a broader array of solutions to problems. The problem of minority group health disparities is multidisciplinary, and there is no single correct solution. Given the multidisciplinary nature of health disparities, different types of diversity contribute to the healthcare workplace in different ways. (Salsberg et al.2021)

3.1. Increased Job Satisfaction

Given the many challenges healthcare workers face, job satisfaction is important. Various risk factors for job dissatisfaction have been reported, including emotional exhaustion and burnout. In a survey of factors leading to turnover among physicians and nurses, 'low telework experience' and 'lack of diversity' were both cited as contributing directly. In this section, we summarize the ways in which a diverse and inclusive healthcare workforce can help to mitigate



job dissatisfaction. Several studies have addressed the important issue of how diversity and inclusion impact job satisfaction among healthcare workers.

Increased job satisfaction has consistently been reported as a benefit of diversity in the healthcare workforce. In a systematic review reporting the effects of diversity and inclusion on healthcare group processes, three of the eight studies retrieved were reviews. We selected this one review study because of its high relevance to the present paper, as it only covered healthcare. Nine articles on interventions aimed at reducing disparities in healthcare access were included, and all of them reported an association between job satisfaction and diversity. Only one of the 17 included articles was secondary research, clearly indicating the continuing need to generate fresh, primary data.

3.2. Enhanced Team Collaboration

Imagine this scenario: A nurse overhears her doctor speaking negatively about a patient and offering a discriminatory opinion about the patient's race, gender, or sexual orientation. Could the nurse feel comfortable and safe enough to confront the doctor regarding his behavior? Would the doctor be open to listening and hearing what the nurse has to say? What would happen to the relationship between the doctor and the nurse after such an exchange? This story prompts consideration of how team dynamics affect communication between healthcare workers as they work together, caring for their patients. Team dynamics encompass diverse factors, including the roles and responsibilities of team members, relationships among team members, task functions, and the purpose of the team. Clinicians from diverse populations bring unique experiences and perspectives to their patient care. A nurse or other professional who brings up a concern about respect and inclusion will be expressing the viewpoint of the patient and his or her loved ones – a diverse team working in concert.

Diverse teams can include individuals from different racial, ethnic, and cultural backgrounds and who identify as male, female, transgender, gay, lesbian, or bisexual. Representing diverse populations builds collaborative healthcare teams that develop a mutual respect that supports risk-taking and sharing potential failures. Creating a positive professional setting helps mitigate workplace incivility. Differences in provider ability to read facial emotions, pain management treatment choices, ethnicity, and gender concordance between patient and provider negatively influence patient safety and quality of care. Empathy and improved staff relationships impact patient care, helping develop strong enduring relationships, shared decision-making, and good therapeutic relationships. Strong teams will work effectively in high-stress settings and work effectively to improve procedural safety. Strong teams work together and communicate effectively. Balancing work demands and quality monetary recognition improves job satisfaction, collaboration, and role satisfaction.



4. Barriers to Diversity and Inclusion in Healthcare

These demographic trends have made the need for a more diverse, inclusive healthcare workforce ever more apparent. Increasing diversity in healthcare has been shown to lead to more equitable educational and employment opportunities for minorities, create curriculum and training that reflect and address the community's needs, and reduce healthcare disparities while attracting and retaining a more diverse student body for educational institutions. In addition, diversity has also been shown to improve overall care for patients, especially in the areas of geriatrics, responsiveness to minorities, proficiency in a second language, and the overall quality of cross-cultural education. While diversity in the healthcare workforce has been shown to have an undeniably positive impact on the nation's health, we are still faced with longstanding barriers to increasing diversity. The goal of this study was to conduct a comprehensive analysis of these barriers and identify which aspects of diversity may require greater attention in reducing unacceptable health disparities among minorities. (Salsberg et al.2021)

- Lack of historical awareness, bias, and stereotypes - Assimilation - Unattractive salaries and lack of financial support - Discrimination and lack of diverse role models - Perceived unattractiveness of helping professions among youth - Poor readiness of minority students for healthcare careers.

4.1. Unconscious Bias

Unconscious bias is simply a prejudice that we are unaware of. We often form these biases in response to our culture, personal experiences, genetics, and socialization. Unconscious bias can be positive or negative. It can influence our behavior and impact patient care. Many of our patients experience harm, such as racism, sexism, or ageism, due to unconscious bias. This leads to worse health outcomes. To overcome unconscious biases, professional development programs are key. They help to strengthen healthcare workers' communication skills, patient-centered care, and other important values. That said, avoiding social rather than professional relationships, particularly within a multidisciplinary team, is also likely to reduce the chances that unconscious bias will affect patient care. Another key education step is reviewing negative patient outcomes. This allows us to challenge the biases we hold and reduce the likelihood of this impacting future healthcare delivery. (Capers IV, 2020)

5. Strategies for Promoting Diversity and Inclusion in Healthcare

Promoting diversity and inclusion in healthcare is really a three-step process. An organization that genuinely values and respects diversity will aim to attract individuals who see diversity as a value and an asset in their workplace; individuals who not only value diversity but also embrace it. Once you have successfully recruited a diverse team, it is very important to treat all the healthcare workers equitably, provide training on effective communication and the



meaning of inclusive behaviors, and generally build high-performing teams that are willing to support each other. Once the teams are built and knowledge is developed, organizational commitment, support, and additional training can help one maintain the new norm and feel good about doing so. Finally, that organization should communicate the message to its clients that they are also respected and welcomed, and that the strategies that promote such a positive healthcare work environment for all also benefit them. (Lehan et al.2020)

In their efforts to improve healthcare service and patient care, healthcare organizations should consider a three-pronged initiative. They can create specific policies to increase the recruitment and retention of a diverse workforce that mirrors and values the diverse community around it. Organizations must strive to not just attract candidates with diverse backgrounds, but also let candidates know they are valued for their differences. Second, organizations should attempt to be culturally competent with whom they serve. They accomplish this goal when employees respect different cultures, interests, and needs and address them in their practice. When these goals are accomplished, they will promote an inclusive environment within their organizations. (Wilbur et al.2020)

5.1. Cultural Competency Training

Cultural competency training aims to provide healthcare professionals with an awareness and understanding of a variety of cultural issues and a framework for integrating cultural knowledge into their practice. However, its utilization, effectiveness, and impact are matters of debate. Cultural competency training should focus on patient-centered initiatives, fostering inclusion, understanding, and trust in intergroup relations, and urging systemic change in the workplace and the healthcare delivery process. In addition, focusing on all training levels, promoting continued professional development, accommodating for the lack of empathy and the reinforcement of negative stereotypes, and formalizing the training with the assessment of the acquired competencies are fundamental to strengthening cultural-related skills and patient-oriented outcomes. Only then can healthcare professionals learn to appreciate multicultural environments and, in doing so, promote and provide better care for an increasingly diverse population. (Lekas et al., 2020)

Cultural competency is an essential aspect of nursing education that warrants a broader look than deficiency pattern models. Cultural competency training is contingent on understanding aspects internal to healthcare students, understanding aspects associated with external systemic factors, and structurally upholding its importance to ensure the healthcare workforce's diversity. Race and ethnicity are vitally essential determinants of overall health in the individuals we treat as healthcare workers. Ethnic background influences the perceptions, emotions, behaviors, physical actions, personal identity, and vulnerability of patients in receiving and providing care and should ethically and professionally frame our care and



interactions. Educational initiatives are integral to cultivating competent and well-informed healthcare professionals who are mentally, personally, and emotionally primed to understand and approach the complicated world of healthcare. Meeting the changing healthcare needs of diverse patient populations in an increasingly connected global marketplace necessitates addressing the principles and philosophies of cultural competency in nursing education. (O'Brien et al., 2021)

6. Conclusion

In conclusion, the topic of diversity and inclusion in healthcare is important because it can lead to improved health and satisfaction for the patient, as well as improved job satisfaction and personal growth for healthcare workers. Despite the relationship between diversity and inclusion and job satisfaction, as well as personal growth for healthcare workers being already backed by evidence, our knowledge about how this phenomenon exactly happens and what role diversity and inclusion play in each aspect is still fragmented. Therefore, more qualitative research is necessary to gain deeper insights. Particularly, more knowledge about the supportive processes managers can use to cultivate diversity and inclusion in the jobs of healthcare professionals, as well as for patients, is needed. We also need to shift our focus from the negative to the positive aspects of work experiences. As positive aspects do not necessarily follow from the absence of negative aspects, we need to unravel how to promote diversity and inclusion and which job characteristics help individuals thrive in their roles. Finally, we need to analyze the relationship between job, person, and organizational characteristics of employees, including race and ethnicity. This is because diversity and inclusion, intergroup relations, and systemic exclusion result in a dual burden for racial minorities. If they are more negatively affected by the burden of healthcare work while at the same time missing out on the potential benefits, this creates a form of environmental injustice. Given that globally, the demand for this form of labor will only grow due to its accompanying demographic and epidemiological transitions, it is important to make healthcare work less burdensome and more attractive for all professionals who should work in this sector. Therefore, when we take the health equity discourse into account, practical points for racial minority job applicants, healthcare professionals, and organizations concerning the importance of racial diversity and inclusion to create a more inclusive job or informal helping atmosphere become evident. (Morrison et al.2021)

References:

1. Patel, M. I., Lopez, A. M., Blackstock, W., Reeder-Hayes, K., Moushey, E. A., Phillips, J., & Tap, W. (2020). Cancer disparities and health equity: a policy statement from the American Society of Clinical Oncology. *Journal of Clinical Oncology*, 38(29), 3439-3448. ascopubs.org



2. Rosenkranz, K. M., Arora, T. K., Termuhlen, P. M., Stain, S. C., Misra, S., Dent, D., & Nfonsam, V. (2021). Diversity, equity and inclusion in medicine: why it matters and how do we achieve it?. *Journal of surgical education*, 78(4), 1058-1065. dartmouth-hitchcock.org
3. Futoma, J., Simons, M., Panch, T., Doshi-Velez, F., & Celi, L. A. (2020). The myth of generalisability in clinical research and machine learning in health care. *The Lancet Digital Health*, 2(9), e489-e492. thelancet.com
4. Orozco-Beltrán, D., Artola-Menéndez, S., Hormigo-Pozo, A., Cararach-Salami, D., Alonso-Jerez, J. L., Álvaro-Grande, E., ... & Ferreira de Campos, K. (2021). Healthcare experience among patients with type 2 diabetes: A cross-sectional survey using the IEXPAC tool. *Endocrinology, Diabetes & Metabolism*, 4(2), e00220. wiley.com
5. Butzner, M. & Cuffee, Y. (2021). Telehealth interventions and outcomes across rural communities in the United States: narrative review. *Journal of medical Internet research*. jmir.org
6. Battini, D., Berti, N., Finco, S., Zennaro, I., & Das, A. (2022). Towards industry 5.0: A multi-objective job rotation model for an inclusive workforce. *International Journal of Production Economics*, 250, 108619. sciencedirect.com
7. Salsberg, E., Richwine, C., Westergaard, S., Martinez, M. P., Oyeyemi, T., Vichare, A., & Chen, C. P. (2021). Estimation and comparison of current and future racial/ethnic representation in the US health care workforce. *JAMA Network Open*, 4(3), e213789-e213789. jamanetwork.com
8. Capers IV, Q. (2020). How clinicians and educators can mitigate implicit bias in patient care and candidate selection in medical education. *ATS scholar*. atsjournals.org
9. Lehan, T., Hussey, H., & Babcock, A. (2020). Mission unaccomplished: Beyond “talk [ing] a good game” to promote diversity and inclusion. *Journal of Educational Research and Practice*, 10(1), 12. waldenu.edu
10. Wilbur, K., Snyder, C., Essary, A. C., Reddy, S., Will, K. K., & Saxon, M. (2020). Developing workforce diversity in the health professions: a social justice perspective. *Health Professions Education*, 6(2), 222-229. sciencedirect.com
11. Lekas, H. M., Pahl, K., & Fuller Lewis, C. (2020). Rethinking cultural competence: Shifting to cultural humility. *Health services insights*. sagepub.com
12. O'Brien, E. M., O'Donnell, C., Murphy, J., & O'Brien..., B. (2021). Intercultural readiness of nursing students: An integrative review of evidence examining cultural competence educational interventions. *Nurse education in ...* sciencedirect.com
13. Morrison, V., Hauch, R. R., Perez, E., Bates, M., Sepe, P., & Dans, M. (2021). Diversity, equity, and inclusion in nursing: the pathway to excellence framework alignment. *Nursing Administration Quarterly*, 45(4), 311-323. [\[HTML\]](#)